

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: http://www.honolulu.gov/ethics/

2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

THIS SPACE FOR OFFICE USE ONLY

HOMOLULU ETHICS COMMISSION RECEIVED

9-2-10-20

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AR 2019

PART I LOBBYIST			
NAME (Last) (First) (Middle)			
Chow, Tabatha			
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE	
Uber Technologies, Inc. and Affiliates		202-794-7387	
MAILING ADDRESS (No. and Street or P.O Box)		FAX	
401 Kamakee Street, #413		EMAIL tabatha@uber.com	
(City) Honolulu	(State) Hawaii	(Zip Code) 96814	

PART II.A ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
Uber Technologies, Inc. and Affiliates		202-794-7387		
MAILING ADDRESS (No. and Street or P.O. Box)		FAX		
1455 Market Street, Suite 400		EMAIL		
(City) San Francisco	(State) California	(Zip Code) 94103		
ESTIMATED NUMBER OF MEMBERS	✗ Not Applicable			
METHODS USED BY MEMBERS TO	▼ Not Applicable			

PART II.B NO LONGER LOBBYING				
I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 01/15/2020			

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY					
☐Business & Economic Development	□Community Services	□Customer Services			
☐Culture & Arts	□Housing	□Public Works, Infrastructure & Sustainability			
□Parks & Recreation	□Public Health, Safety & Welfar				
□Transportation	□Zoning & Planning	□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept			
Other (indicate below): NOTARY PUBLIC					
	No. 65 489				
PART IV LOBBYIST CER	TIFICATION	N. S.			
I hereby certify that the foregoing statements are true and correct. Doc. Date: •/\$1/> Doc. Date: •/\$1/> Doc. Description 20>D Feg1s trafts Doc. Description 20>D Feg1s trafts NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER DATHS NOTARY OR ANY OFFICIAL AUTHORIZED TO AUTHORIZED TO AUTHORIZED TO AUTHORIZED TO AUTHORIZED TO AUTHORIZED TO					
NAME OF ORGANIZATION (11 applical	TELEPHONE				
MAILING ADDRESS (No. and Street of 1.0 box)		FAX EMAIL			
(City) (State)		(Zip Code)			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented) (Date)					
(Signature of Authorizing Officer of Felder Representative					